

O.D. FORM

Raipur Institute of Medical Sciences

*Off- NH-6, Village- Godhi, Bhansoj Road,
Raipur, (C.G.)*

Date: _____

Name: _____ Emp. Code No: _____

Designation: _____ Department: _____

InTime: _____ OutTime: _____ Hours: _____

Date: _____ Day: _____

Reason: _____

(Only fully filled form will be accepted)

Sign. of the Applicant

Name of HOD & Signature

DEAN

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